

DEPARTMENT OF TECHNOLOGY SERVICES
LEAVE BANK MEDICAL VERIFICATION

(To be completed by physician or licensed health care provider ONLY)

1. Employee Name: _____
2. I certify that this employee needs to be absent from work for an extended period of time because:
- ☐ The employee has a catastrophic illness or injury (that is, an illness, acute physical condition or injury which is life-threatening or incapacitating, and which reasonably requires the employee to be absent from work for) an extended period of time.
- ☐ An immediate member of this employee's family has a catastrophic illness or injury and it is necessary that the employee miss work for an extended period of time to care for this relative:
- This immediate family member is (*check one*):
- ☐ employee's spouse
- ☐ dependant living with the employee
- ☐ employee's parent who lives outside the employee's home
- ☐ This employee has a serious chronic illness (that is, a disease or illness of long duration characterized by slowly progressive and serious debilitation or disability, or by serious and persistent symptoms that reasonably require the employee to be frequently absent from work and make periodic visits for treatment by a licensed health care provider.) The employee cannot avoid the need for additional sick leave benefits by making reasonable adjustments in the work schedule to accommodate this condition.

Objective medical facts that support the employee's claim: _____

3. Date on which employee became unable to work: _____
4. Expected date of return to work: _____
5. Name of physician or licensed health care provider: _____
6. Signature of physician or licensed health care provider: _____
7. Date: _____
9. Physician or health care provider's phone # (_____) _____

MEDICAL RELEASE OF INFORMATION
(To be completed by employee)

I authorize the release of medical information regarding myself, or if for FMLA reasons, medical information about my spouse, or dependents living in my home, or a parent living out of my home. This medical information shall be used for the purpose of establishing a sick leave bank in my name.

Employee's signature: _____ Date: _____